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3/05/2004 SFELEKE2 000	00018 09941085	S. W	<i>[</i> ]	Elizabet	h Schumacher	(Depositor's na	
FC:1501 1330.00 OP FC:1504 300.00 OP FC:8001 3.00 OP		FAT & TRADER	Februa		23,2004	(D	
APPLICATION NO.	FILING DATE	FIRS	T NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/941,085	09/941,085 08/28/2001 Erik 0		Erik C. Houge		BINDELL 23-24-1-23-18	5839	
TITLE OF INVENTION: PF	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$300	\$1630	03/02/2004	
EXAMINER		ART UNIT	CL	ASS-SUBCLASS	1		
PATEL, PARESH H		2829		324-761000	•		
				the patent front page registered patent a			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number in required.			agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent				
. Tamber 10 required							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Agere Systems Inc. Allentown, PA 18109							
Please check the appropriate assignee category or categories (will not be printed on the patent); 🔾 individual 🗘 corporation or other private group entity 🔾 governm							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
☐ Sissue Fee X NA check in the amount of the fee(s) is enclosed. ☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.							
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Charles W. Gaines  (Authorized Signature)  (Charles W. Gaines  (Ch							